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Application Number	10/724,181
Filing Date	12/1/03
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	BB-03-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ I hereby appoint the practitioners associated with the Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name	BAHRAN BAHRAMIAN				
Address	202 Halpin Walk Ct.				
City	Rockville	State	MD	Zip	20851
Country	USA				
Telephone	301 984-9014	Email	bbctm@NetZero.Com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	B. Bahramian		
Name	BAHRAN BAHRAMIAN		
Date	12/05/06	Telephone	301 984-9014

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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